



FORM PTO-1083

PATENT

Case Docket No. ASA-761-03

In RE application of M. SUZUKI et al

Serial No.: 09/518,690

Group Art Unit: 2663

Filed: March 3, 2000

Examiner: K. George

For: CODE DIVISION MULTIPLE ACCESS MOBILE COMMUNICATION SYSTEM

RECEIVED

JAN 07 2004

Technology Center 2600

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra
Total	* 17	Minus	** 20	=	0
Indep.	* 6	Minus	*** 5	=	1
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					

- \* If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
- \*\* If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
- \*\*\* If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ \_\_\_\_\_.

☒ A check in the amount of \$ 196.00 is attached in payment of:  
Additional Independent Claim and Extension of Time

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.

- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By:

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Date: December 29, 2003

The PTO did not receive the following  
listed item(s) Check #196.00  
But Credit Card Form.

SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
Rate	Additional Fee		Rate	Additional Fee
x 9	\$		x 18	\$ 0
x 42	\$		x 84	\$ 84
+ 140	\$		+ 280	\$ 0
Total	\$	OR	Total	\$ 84